

Trauma System Oversight and Management Committee
Marriott Richmond-West
Richmond, Virginia
March 1, 2007 at 11:00 am

Members Present:	Members Absent:	Staff:	Others:
Morris Reece – Chair		Paul Shape	Jeff Meyer
D.J. Douglas		Russ Stamm	Trena Berg
Barbara Hawkins		Jodi Kuhn	Mike Hill
Patrick Earnest		Christy Saldana	Steve Ennis
Linda Sayles		Wanda Street	Bobby Baker
Sonia Cooper			
Kathy M. Butler			
Rao Ivatory			
Maureen Waller			
Don Wilson			
Valeria Mitchell			
Lou Ann Miller			
Kevin Dwyer			
Stanley Heatwole			
Jay Collins			
Andi Wright			
R. Bland Lawson			
Mindy Carter			
Raymond Makhoul			
Susan Ward			
Melanie Jacoby			
Leonard Weireter			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Trauma Nurse Coordinators Meeting:	Discussion was held between 10 a.m. and 11 a.m.	
Call to order:	Meeting was called to order by Mr. Reece at 11:00 a.m.	
Introductions of first time guests:	Jeff Meyers of PEMS, Melanie Jacoby of MCV/VCU sitting in for Nancy Martin, Jay Collins of SNGH, Mindy Carter of CJW, Mike Hill of Montgomery Regional Med. Ctr., Trena Berg of UVA, and Wanda Street of OEMS.	

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Approval of Minutes from December 7, 2006 Meeting:	<ul style="list-style-type: none"> • Change under Multiple Trauma Centers on Diversion alter first sentence to say “proposes a mechanism be put in place so that trauma centers may be aware of other centers on diversion at the same time.” • Under Trauma Center Updates for Montgomery Regional instead of new neurosurgeon, it should be orthopedic surgeon. • Under Trauma Center Updates for Riverside Regional, it should read Dr. Kauder not Carter. (new surgeon) • Under Trauma Center Updates for VCU physicians name should be Dr. Pozaz not Posner. 	Minutes were approved as amended.
Presentation by Jeff Meyers	Introduction of Jeff Meyers by Don Wilson. Trauma Triage Project – Main goal is to determine effectiveness of the new protocol and if patients were getting to the right hospital in the proper amount of time. Data was collected on all motor vehicle crash patients and all penetrating injury patients. Data was also collected from Riverside Regional, Sentara Norfolk General Hospital, and VCU Health System. Once data collection sheet is filled out, a report is done for under triage and over triage. On scene time should be less than 10 minutes; currently we are at about 17 minutes. We are also tracking early notification for trauma centers. Other areas of interest include tracking criteria for going to designated trauma centers, which trauma center a patient goes to, comparing agencies, preventable deaths, means of transport, acute care, etc. All information can be found on website at www.peninsulas.vaems.org under the Performance Improvement section.	
Placement of OEMS in State Government:	<p>Is the office of OEMS most appropriately placed in state government in the Department of Health or are there other locations that would be more appropriate specifically Public Safety or should OEMS be its own independent department or agency. The Advisory Board has been tasked with coming up with a recommendation to take to the Board of Health by their meeting in May. Voting by the board has been evenly split.</p> <p>Dr. Ivatory was asked to provide comments on behalf of the American College of Surgeons on their position pertaining to this issue by the 27th.</p>	Email will be sent to view comments and weigh pros and cons. Deadline to report is March 27.
Potential Funding Sources for Virginia Trauma Centers:	<p>Paul Sharpe – Long term financing mechanisms, page 15 of the Trauma Fund Report dated January 10, 2007. Every year we are required to submit a report to the House and the Senate finance committees and the Governor explaining what we are doing to help the trauma center funds stay viable financially. We need to include in our annual report what efforts we are making to develop other revenue streams besides general funds. What can we, as a system, do to promote this? One way was charging for trauma team activations. Another avenue is reimbursement rates through DMAS using trauma specific coding. Paul opened the floor for discussion and input.</p> <p>Some suggestions included: getting foundation funds/donations for injury prevention, former wealthy trauma patients who are willing to give/donate funds, charge different fee rates based on level of trauma, media blitz for trauma centers, \$1 donation to trauma centers when renewing licenses, work with insurance companies for increased reimbursement rates, explore what other states are doing, form an experienced sub- group to oversee the possible funding sources, educate billing coders on proper/accurate coding. Where do they go to get the training? Have a one day meeting in Virginia Beach with coders to help with reimbursement for the state. It should be a combined meeting involving coders, billing clerks, and trauma representatives. Hospital and physician coding should be addressed at the meeting as well. PSA were previously considered, however, they are very costly.</p>	

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OEMS Updates:	<p>Paul – As of today, March 1, EMS for Children is now a part of OEMS. EMSC has been transitioned from VCU. OEMS will be hiring an EMS for Children Coordinator as part of the Trauma/Critical Care Division. Legislative update: only two bills that directly affected trauma; they were HB2211 and HB2161 and were mostly clean up language. These bills updated the names of the Trauma Registry and PPCR since they were under the same legislation. OEMS has also received approval to hire a staff person who will be dedicated to performance improvement. OEMS and site review teams have performed three site reviews: Winchester Medical Center (verified for three years), Johnston-Willis (recommended voluntary withdrawal of their designation), and Chippenham Hospital (deficiencies in need of correcting will require a follow up visit).</p> <p>Jodi – Working on 2006 Trends document. Email anything that you would like to see in the document. Looking at January 1 to December 31, 2006 data.</p> <p>Russ – Hoping to upgrade the registry to version 5.4 within next couple of weeks or so. Application has been updated to make transport mode, systolic pressure and respiratory rate mandatory for reporting. Email will be sent to registrars concerning this update. Also incorporating a search feature to query medical records that were submitted within a given period. We are developing a policy concerning compliance due to non-responsive agencies.</p>	
Trauma Coordinators Report:	<p>Andi – Trauma team activation fee –We would like to have someone at the Virginia Beach Conference talk about this. Coding issues were already discussed. Diversion, how much is acceptable? This is another topic for VA Beach. Trauma Center roads signs.</p>	
Trauma Center Updates:	<p>SNGH (Valeria) – continuing to see an increase in the number of burn and trauma patients, Our PA who was in Iraq has returned to work as of today, planning Symposium with Critical Care Division to be held on October 15 & 16 in Norfolk at the Waterside Marriott.</p> <p>Lynchburg Gen. Hosp. (Linda) – the TNC Position as it is currently has been eliminated; Linda’s last day will be March 16. The job description has been re-written. There is a new orthopedic surgeon; a new cardiovascular center is being built. There was an activation of the hospital incident command center for a norovirus outbreak. We had 59 patients from Radford Univ. within a 12 hour period. Overall ended up seeing 179 patients within 6 days. Great learning experience.</p> <p>Montgomery Regional (DJ) – Fourth surgeon, Dr. Simmons came aboard. No major changes or incidents so far.</p> <p>CJW (Mindy) – Rebuilding whole program. We have a lot of work to do and it’s very exciting and we’re happy to be back in the game in a new form. Dr Makhoul states they are very fortunate to have Mindy as their new coordinator.</p> <p>RRMC (R. Bland Lawson) – At Riverside we were fortunate to add a nurse practitioner to the trauma service and we are also recruiting another surgical hospitalist who will also double as trauma coverage.</p> <p>RRMC (Lou Ann) – Trauma Symposium coming up March 23, 2007. Actively recruiting for a nurse practitioner or PA.</p> <p>(VCU/MCV) Melanie – Our Symposium is April 30 for nursing, and May 1, for physicians. This year we are focusing on “Women and Trauma”. Will have all female physicians speaking. We are recruiting for a full time injury prevention coordinator, and another attending physician. We are also adding another nurse practitioner, which will be a total of five, three on the floor and two for critical care. Dr. Maholtra will be presenting an abstract at the AST in April.</p> <p>(Sentara VA Beach) Sonia Cooper –We have finally recruited a neurosurgeon. Thank you to Valeria, she</p>	

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	<p>invited us to join in the planning of the Symposium in October. Disaster planning involved in a city wide mock drill in April. Hoping to improve our length of stay with trauma patients by decreasing that number. The whole case coordination plan within our whole system is being redesigned and we hope to have positive outcomes.</p> <p>UVA (Kathy) – Pleased to announce that Jeff Young has a partner as of July 1. We are increasing our operating room capability up to 27 in September and will be up to 30 by 2008.</p> <p>CRMH (Andi) – Just hired another trauma surgeon and interviewing two others. CRMH is interviewing for a new director of the surgery residency program. Looking at hiring three additional PA's and just put in a proposal for 5 advanced practice nurses who will work strictly with trauma and help augment the ED.</p> <p>INOVA Fairfax (Kevin) – Seventh trauma surgeon started in January, Dr. Margaret Griffin. There is also another surgeon who has accepted a position. Fairfax also has a new addition of a researcher/epidemiologist. New trauma nurse who started in February. This position had been open for a long time. A number of other positions will also be filled soon. Nursing Education Day is April 28th.</p> <p>Virginia ACEP (Stanley) – The Virginia Emergency Physicians met at the Homestead in February for “Hot Topics” and we had the National President there as one of our speakers. Next year will be in Richmond to coincide with the General Assembly. Every other year it will be in Richmond. Dr. Heatwole spoke to the education committee chairman about having a certificate that would delineate the amount of trauma/critical care education that was provided at each symposium.</p> <p>VHHA (Susan) – Hospital Association is very concerned about how the negotiations between the Gen. Assembly and the Governor related to transportation and road funding. The General Assembly has passed legislation that is going to take a lot of money out of the general fund. This is something that we have been against for a long time because it will have an impact on Medicaid fund and other healthcare that comes from the general fund.</p> <p>Morris – Is there any strong feeling about having this meeting at its regular time in June and opening up the third day for some other applications? That may be the direction we will go. Virginia Beach Conference dates are June 17 – 20. Took break for lunch.</p>	
Web EOC Presentation:	Steve Ennis is the Technical Advisor for the VHHA for the HRSA Hospital Bioterrorism Preparedness Program. WEB EOC is now the official FEMA virtual EOC. Log onto www.vhha-mci.org . User names and passwords are assigned. Site will show diversion and other special status alerts. Brief question and answer period followed. May 22-24 is the Annual Statewide Emergency Management Forum in Charlottesville.	
Old Business	Kathy and Susan - Recent supreme court case that impacts our institutional quality reports. The two most troubling parts of the decision is that the court allowed the admission of incidents reports and also some data on other incidents that were not related to the case. The courts allowed it because they said it was part of the medical record. Group will get together again this spring to work on administrative changes and analysis. At UVA this has caused a change in the template for quality reports so that analysis and findings and planned action are no longer a part of a one piece of the report. Should the analysis, findings, actions plans and so forth be separate from our internal registries?	
New Business	None.	
Adjournment	Meeting was adjourned at approximately 2:40 p.m. A brief Trauma Fund Panel Meeting followed.	